

UMOVA Notice to Military and Overseas Voters

2016

This is an official notice of an election to be conducted on 04/16/2016 in Bradford County. You may register to vote and request an official absentee ballot by using the Federal Postcard Application (FPCA), available at www.votespa.com or www.fvap.gov. You may apply for an absentee ballot by submitting your FPCA by fax to (570) 946-4421, or by email to fdoyle@sullivancounty-pa.us

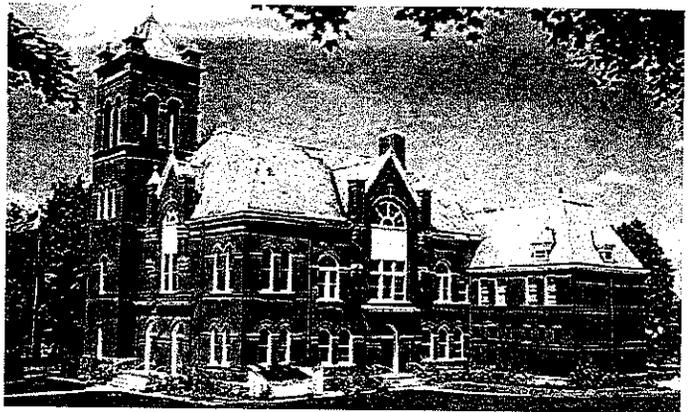
Military and overseas electors may request an absentee ballot from this office at any time prior to a primary or election. However, if time does not permit you to receive and return an official absentee ballot, you are also entitled to vote using the Federal Write-in Absentee Ballot, available at www.fvap.gov and this website. Military electors may use the FWAB to register to vote and vote simultaneously.

The FWAB can be used to vote for ALL federal, state, and local offices and ballot initiatives.

To vote, refer to the instructions and page 3 of the FWAB application.

To vote for federal offices (President, U.S. Senator, or U.S. Representative in Congress), write in the name of the candidate of your choice in the space provided on the FWAB.

To vote for state and local offices and ballot initiatives, write the names of candidates or ballot initiatives in the Addendum section of the FWAB. Under the **Office/Ballot Initiative** heading, enter the office the candidate is running for or the title of the Ballot Initiative (referendum). Under the **Candidate Name, Party Affiliation, or Initiative Vote** heading, list the name of the candidate you wish to vote for, or if you are voting on a Referendum question write "yes" or "no."



GENERAL PRIMARY NOTICE

■ accordance with 25 P.S. §3041 of the Pennsylvania Election Code, notice is hereby given that there will be voted for at the General Primary Election, April 26, 2016 the following offices in the various Polling Places of Election Districts, in the Boroughs, Townships, and Wards of Bradford County, between the hours of 7:00 AM and 8:00 PM prevailing time:

FEDERAL OFFICE

President of the United States
(Vote for ONE)

United States Senator
(Vote for ONE)

STATE OFFICES

Attorney General
(Vote for ONE)

Auditor General
(Vote for ONE)

State Treasurer
(Vote for ONE)

Representative in Congress
(Vote for ONE)

Senator in the General Assembly
(Vote for ONE)

POLITICAL OFFICES

Delegate to the National Convention
(Democratic and Republican)

Alternate Delegate to the National Convention
(Democratic and Republican)

Voter's Declaration/Affirmation Federal Write-in Absentee Ballot (FWAB)

For any questions about this form, consult the Voting Assistance Guide available in hard copy or on FVAP.gov or your Voting Assistance Officer.

For absent Uniformed Service members, their families, and citizens residing outside the U.S.

Please print in black ink.

Qualification & Voter Registration

Many States require that you be registered and request an absentee ballot before using this form.

1 Have you already registered and requested an absentee ballot?

Yes No

If you answer No, you can do this via the Federal Post Card Application, or in a few States, by marking the box below. Check your State's pages in the Voting Assistance Guide on FVAP.gov to see if your State allows registration via this form.

I also want to register to vote and/or request an absentee ballot for all elections in which I am eligible to vote.

Classification

Make only 1 selection.

2

I am a member of the Uniformed Services or Merchant Marine on active duty OR I am an eligible spouse or dependent.

I am an activated National Guard member on State orders.

I am a U.S. citizen residing outside the United States, and I intend to return.

I am a U.S. citizen residing outside the United States, and my return is not certain.

I am a U.S. citizen and have never resided in the United States.

Legal name

3

Last name Suffix

First name Middle name

Previous name (if applicable)

Identification

Some States require your full SSN. Check your State's pages in the Voting Assistance Guide on FVAP.gov.

4

State Driver's License or I.D.

OR Social Security Number

Birth date / / Sex M F Race

See Instructions

Contact information

Include international prefixes. No DSN numbers.

5

Telephone

Fax

Email

Alternate Email

Political party

6

Your State may require you to specify a political party to vote in primary elections:

Voting residence address

Usually your last U.S. residence or your legal U.S. residence. See instructions.

7

Street Address (not P.O. Box) Apt. #

City/Town/Village

County State Zip Code

Where to send my voting materials

This is your current mailing address and should be different from above. If required, place a forwarding address in Box 9.

8

Additional requirements for your State

Such as: future ballot receipt preference, mail forwarding address, additional phone, or other State required information. See your State's pages in the Voting Assistance Guide on FVAP.gov.

9

Affirmation (REQUIRED):

- I swear or affirm, under penalty of perjury, that:
- The information on this form is true, accurate, and complete to the best of my knowledge. I understand that a material misstatement of fact in completion of this document may constitute grounds for conviction of perjury.
 - I am a U.S. citizen, at least 18 years of age (or will be by the day of the election), eligible to vote in the requested jurisdiction, and
 - I am not disqualified to vote due to having been convicted of a felony or other disqualifying offense, nor have I been adjudicated mentally incompetent; or if so, my voting rights have been reinstated; and
 - I am not registering, requesting a ballot, or voting in any other jurisdiction in the United States, except the jurisdiction cited in this voting form.
 - In voting, I have marked and sealed this ballot in private and have not allowed any person to observe the marking of this ballot, except those authorized to assist voters under State and Federal law.

Signature **X**

You must sign and send in.

Today's date / /

Witness signature / date if required by your State.

Signature
Date

